



Commissioner for  
Washington, DC  
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Bib Data Sheet

CONFIRMATION NO. 6

<b>SERIAL NUMBER</b> 09/524,027	<b>FILING DATE</b> 03/13/2000 <b>RULE</b>	<b>CLASS</b> 602	<b>GROUP ART UNT</b> 3761	<b>ATTORNEY DOCKET NO.</b> 14072-006001
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**APPLICANTS**

Robert Edward Burrell, Alberta, CANADA;  
Hua Qing Yin, Alberta, CANADA;

**\*\* CONTINUING DATA \*\*\*\*\***

*None*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*None*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 05/12/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 42	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

FISH AND RICHARDSON P.C.  
225 FRANKLIN STREET  
BOSTON, MA 02110-2804

**TITLE**

TRANSCUTANEOUS MEDICAL DEVICE DRESSINGS AND METHOD OF USE

<b>FILING FEE RECEIVED</b> 1360	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All fees
		<input type="checkbox"/> 1.1 Fees ( Filing )
		<input type="checkbox"/> 1.7 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.8 Fees ( Issue )
		<input type="checkbox"/> Over
		<input type="checkbox"/> Credit

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**UNITED STATES DEPARTMENT OF  
Patent and Trademark Office**

 Address: COMMISSIONER OF PATENTS AND TRADE,  
Washington, D.C. 20231

<b>SERIAL NUMBER</b> 09/524,027	<b>FILING DATE</b> 03/13/2000 <b>RULE</b> —	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> 30-00
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**APPLICANTS**
 Robert Edward Burrell, Alberta, CANADA;  
Hua Qing Yin, Alberta, CANADA;
**\*\* CONTINUING DATA \*\*\*\*\***

None

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

None

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 05/12/2000**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 42	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**
 Greenlee Winner and Sullivan P.C.  
5370 Manhattan Circle  
Suite 201  
Boulder, CO 80303
**TITLE**

Transcutaneous medical device dressings and method of use

<b>FILING FEE RECEIVED</b> 1216	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit

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